

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|------------|
| | IND | DEF | IND | DEF | IND | DEF | |
| 1 | | | | | | | 51 |
| 2 | | | | | | | 52 |
| 3 | | | | | | | 53 |
| 4 | | | | | | | 54 |
| 5 | | | | | | | 55 |
| 6 | | | | | | | 56 |
| 7 | | | | | | | 57 |
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| 9 | | | | | | | 59 |
| 10 | | | | | | | 60 |
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| 14 | | | | | | | 64 |
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| 18 | | | | | | | 68 |
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| 23 | | | | | | | 73 |
| 24 | | | | | | | 74 |
| 25 | | | | | | | 75 |
| 26 | | | | | | | 76 |
| 27 | 1 | | | | | | 77 |
| 28 | | 1 | | | | | 78 |
| 29 | | 1 | | | | | 79 |
| 30 | | 1 | | | | | 80 |
| 31 | | 1 | | | | | 81 |
| 32 | 1 | | | | | | 82 |
| 33 | | 1 | | | | | 83 |
| 34 | | 1 | | | | | 84 |
| 35 | | 1 | | | | | 85 |
| 36 | | 1 | | | | | 86 |
| 37 | | 1 | | | | | 87 |
| 38 | | 1 | | | | | 88 |
| 39 | | 1 | | | | | 89 |
| 40 | | 1 | | | | | 90 |
| 41 | | 1 | | | | | 91 |
| 42 | | 1 | | | | | 92 |
| 43 | | 1 | | | | | 93 |
| 44 | | 1 | | | | | 94 |
| 45 | | 1 | | | | | 95 |
| 46 | | 1 | | | | | 96 |
| 47 | | 1 | | | | | 97 |
| 48 | | 1 | | | | | 98 |
| 49 | | 1 | | | | | 99 |
| 50 | | 1 | | | | | 100 |
| TOTAL IND. | | | | | | | TOTAL IND. |
| TOTAL DEF. | | | | | | | 4 |
| TOTAL CLAIMS | | | | | | | 27 |
| | | | | | | | 26 |